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06-06-2001

U.S. Patent & TMO/TM Mail Report #70

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Title of Invention	Methods and Cc Diagnosis of Inf
	Named Inventor(s)	Reiko M. Nakamura
	Attorney Docket	10960-0112
	Express Mail Label No.	EL561456115US

06/06/01
209/8/60
10/90/90

APPLICATION ELEMENTS		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims Small Entity status 3. <input checked="" type="checkbox"/> Specification, Claims, and Abstract Total Pages 31 4. <input checked="" type="checkbox"/> Drawings Total Sheets 2 Total Pages 33 5. Oath or Declaration a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. (i) <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Microfiche Computer Program (Appendix)		ACCOMPANYING APPLICATION PARTS 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies 8. <input checked="" type="checkbox"/> Assignment: a. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) b. <input checked="" type="checkbox"/> Assignment is of record in parent application No. 09/244,701 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney by assignee 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) 15. <input type="checkbox"/> Other:	
16. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: 09/244,701, filed February 4, 1999, claiming priority to U.S. Provisional Patent Application No. 60/096,140, filed August 11, 1998.			
17. CORRESPONDENCE ADDRESS: <div style="display: flex; justify-content: space-between;"> <div> Sima Singadia Kulkarni KILPATRICK STOCKTON LLP 2400 Monarch Tower 3424 Peachtree Road, N.E. Atlanta, Georgia 30326 </div> <div> By: <u>Sima Singadia Kulkarni</u> Date: June 6, 2001 Telephone: 404-949-3999 Facsimile: 404-949-2499 </div> <div> Reg. No. 43,732 RECEIVED JUN 12 2001 DIPE/JCHS </div> </div>			

FEE TRANSMITTALAttorney Docket No. **10960-0112**

This sheet accompanies a patent application transmittal for the following application:

Inventor(s): **Reiko M. Nakamura**Filing Date: **Concurrently Herewith**Title: **Methods and Compositions for Detection and Diagnosis of Infectious Diseases**

The filing fee is calculated as shown below:

1. FILING FEE:

SMALL ENTITY			LARGE ENTITY	
FOR:	FEE	FEE PAID	FEE	FEE PAID
<input checked="" type="checkbox"/> UTILITY FILING FEE	\$355	\$355	\$710	
<input type="checkbox"/> DESIGN FILING FEE	\$160		\$320	
<input type="checkbox"/> PLANT FILING FEE	\$245		\$490	
<input type="checkbox"/> REISSUE FILING FEE	\$355		\$710	
<input type="checkbox"/> PROVISIONAL FILING FEE	\$75		\$150	
SUBTOTAL (1)		\$355		\$

CLAIMS:

SMALL ENTITY				LARGE ENTITY		
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	RATE	FEE
TOTAL CLAIMS	20 - 20 =	0	x 9 =		x 18 =	
INDEP. CLAIMS	2 - 3 =	0	x 40 =		x 80 =	
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			+135 =		+270 =	
SUBTOTAL (2)				\$0		\$

ADDITIONAL FEES:

SMALL ENTITY			LARGE ENTITY	
FOR:	FEE	FEE PAID	FEE	FEE PAID
<input type="checkbox"/> LATE FILING, FEE OR OATH	\$65		\$130	
<input type="checkbox"/> NON-ENGLISH SPECIFICATION	\$130		\$130	
<input type="checkbox"/> OTHER				
SUBTOTAL (3)		\$		\$

TOTAL FILING FEES: \$355A check is enclosed for the total amount: **\$355**☒ Charge any additional fees required under 37 C.F.R. 1.16 or 1.17 to Deposit Account 11-0855.

KILPATRICK STOCKTON LLP

2400 Monarch Tower

3424 Peachtree Road, N.E.

Atlanta, Georgia 30326

Telephone: 404-949-3999

By: *Sima Singadia Kulkarni*

Sima Singadia Kulkarni, Attorney for Applicant

Reg. No. 43,732

Date: June 6, 2001